



City of
Rockville
Get Into It

Summer Camp Participant Form

Department of Recreation and Parks

Program Name _____ Location _____

PARTICIPANT INFORMATION

Name of Child _____ D.O.B. ____/____/____ Age ____ ☐ M ☐ F Wt. _____

Address _____ City _____ State _____ Zip _____

Parent/Guardian's Name _____ Primary Language _____

Phone (H) _____ (W #1) _____ (W #2) _____

Email _____ (Cell) (#1) _____ (#2) _____

Emergency Contact (*individual other than parent authorized to pick-up your child*)

1. Name _____ Phone (Cell) _____ (Other) _____

2. Name _____ Phone (Cell) _____ (Other) _____

HEALTH HISTORY

Does your child attend a Maryland school? ☐ Yes ☐ No

If not, please attach a copy of your child's current immunization record

Is your child exempt from any immunizations for religious or medical reasons? ☐ Yes ☐ No. If yes, please submit appropriate papers

Please circle your child's swimming ability:

Non swimmer Beg. Inter. Adv.

Date of Last Tetanus Shot ____/____/____

Physician's Name _____ Phone _____

Allergies: ☐ Hay Fever ☐ Poison Ivy ☐ Insect Stings ☐ Foods ☐ Drugs ☐ Other _____

Chronic or Recurring Illness: _____

Is your child taking any medications? ☐ Yes ☐ No If yes, what? _____

Note: If your child needs any medication during program hours, you must go to www.rockvillemd.gov/camps to download the necessary forms.

List any concerns which may affect your child's participation in any activities including operations or serious illness

List any specific activities to be encouraged or restricted _____

DISMISSAL AGREEMENT

(*Since this information is the most current, it will be used over that which was given at the time of registration.*)

Please check appropriate space:

☐ City's bus transportation drop-off point: _____ (if applicable)

☐ Going to an extended day program. Name of program _____ location _____

☐ I give permission for city staff to allow my child to leave the program unescorted.

☐ Escorted from the program by parent/guardian, emergency contact or authorized individuals listed below:

1. Name _____ Phone (C) _____ (H) _____

2. Name _____ Phone (C) _____ (H) _____

Signature of Parent/Guardian

Date